

Southwest Collegiate Championship Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

College: _____ DOB: _____

College Location: _____

Contact at tournament Phone: _____ or Email: _____

USCF id: _____ **Rating:** _____

Ratings from Febuary Supplement

USCF Expiration Date: _____

Circle rd bye is needed, one allowed: 1 2 3 4 5

Circle Schedule **2 day** **3 day**

_____ **Entry Fee: (\$49 by 1/27, else \$69)**

_____ USCF (if nonmember. This is required! U25 = \$33 or \$26,
Adult \$46 or \$40)

_____ TCA (Student \$8.50, Tourney Mem included in Entry Fees)

_____ **Total**

Make check to/mail to: Texas Chess Association, c/o Barbara Swafford, 2709
Longhorn Trail, Crowley, TX 76306-4719

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